

Applicant or Patentee: **Vito V. Florio & Richard L. Michaels**

Serial No. or Patent No.: _____

Filing Date or Date of Issue: _____

Title of Invention: **Prescription System For Unregulated Therapeutic Substances**

**Verified Statement (Declaration) Claiming Small Entity Status
(37 CFR 1.9(f) and 1.27(b)) - Independent Inventor**

As a below named Inventor(s), I (We) hereby declare that I (We) qualify as an independent inventor(s) as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, U.S. Code, to the Patent and Trademark Office with regard to the Inventions entitled:

Prescription System For Unregulated Therapeutic Substances

described in

- (X) the specification filed herewith,
() Application Serial No. _____, filed _____
() Patent No. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any right or interest in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed or licensed or am under an obligation under contract or law to assign, grant, convey or license, any rights or interest in the invention, is listed below:

- () no such person, concern or organization
(X) persons, concerns or organizations listed below*
**Note A separate verified statement is required for each person, concern or organization having a right or interest to the invention which claims small entity status*

Name **National Health Essentials, Inc.**
(print name of ASSIGNEE)

Address **841 NW 124th Avenue
Coral Springs, FL 33071**

() -Individual (X) -Small Business Concern () -Nonprofit Organization

I (We) acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

Declaration

I/We Hereby declare that all statements made herein of my/our own knowledge are true that all statements made on upon information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the U.S. code and that such willful false statements may jeopardize the validity of the patent application and any patent issuing thereon.

Date 4-13-01

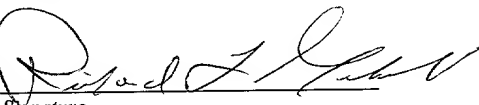
by 
Signature
Vito V. Florio
Print Name

Mailing Address

841 NW 124th Avenue
Coral Springs, FL 33071
USA
(Address)

UNITED STATES OF AMERICA
(Nationality)

Date 4-13-01

by 
Signature
Richard L. Michaels
Print Name

Mailing Address

1200 Indian Rocks Rd
Largo, FL 33770
USA
(Address)

UNITED STATES OF AMERICA
(Nationality)

UNITED STATES OF AMERICA

Title of Invention: *Prescription System For Unregulated Therapeutic Substances*

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventors, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

- (X) no such person, concern or organization
() persons, concerns or organizations listed below*
**Note A separate verified statement is required for each person, concern or organization having
a right or interest to the invention which claims small entity status*

Name _____
Address _____

-Individual -Small Business Concern -Nonprofit Organization

Name _____
Address _____

-Individual -Small Business Concern -Nonprofit Organization

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Date 4-13-01

Mailing Address:



by Vito V. Florio, Director
National Health Essentials, Inc.
(print name of ASSIGNEE)

841 NW 124th Avenue
Coral Springs, FL 33071
USA
(Address)

UNITED STATES OF AMERICA
(Nationality)

Applicant or Patentee: *Vito V. Florio & Richard L. Michaels*

For: *Prescription System For Unregulated Therapeutic Substances*

Combined Declaration & Power of Attorney For Original Application

As a below named Inventor(s), I/WE hereby declare that:

My/our residence, post office address and citizenship are as stated below next to my/our names(s). I/WE believe that I/we are the original and true inventor(s) of the subject matter described and claimed in application attached hereto and for a patent is sought.

A description of the Invention Entitled:

Prescription System For Unregulated Therapeutic Substances

appears in the specification and drawings which

(X) is attached hereto.

() was filed on _____, as application Serial No. _____, on _____

Acknowledgment of Review of Papers & Duty of Candor

I/WE further declare that I have reviewed and understand the contents of the above unidentified specification, including the claims (as amended by any amendment referenced above; and acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulation, § 1.56(a)

Priority claim

I hereby claim priority benefits under Title 35, U.S. Code, § 119 of any foreign applications for patent or inventor's certificate listed below (if any) and have also identified bellow and have also identified below any foreign applications for patent or inventor's certificate having a filing date before that of the application on which priority is claimed

- () no such applications have been filed;
- () such applications are listed below

Power of Attorney

John H. Faro (Reg. No 25,859), and Faro & Associates, are herein appointed and shall be recognized as My/Our Attorney, with full power and authority to prosecute this application before the United States Patent & Trademark Office; and, before the Courts of the District of Columbia.

Correspondence

All correspondence in regard to this application is to be addressed to Applicants Attorney as follows:

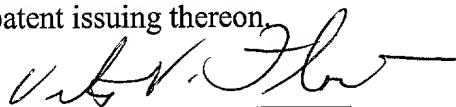
Mr. John H. Faro
PO Box 4904
Key Biscayne, FL 33149-4904

Please Direct Telephone
Calls to Applicant's Attorney to
Phone (305) 365-7733
Facsimile (305) 365-7744

Declaration

I/We Hereby declare that all statements made herein of my/our own knowledge are true that all statements made on upon information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the U.S. code and that such willful false statements may jeopardize the validity of the patent application and any patent issuing thereon.

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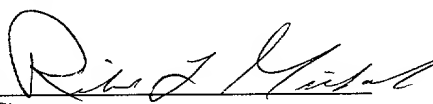
by 
Signature
Vito V. Florio
Print Name

Mailing Address

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